v.] V 10-01

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 49     | 12/28/50 |
| FORMALITY REVIEW          | -73      | TC 813 | 01-09-01 |
| RESPONSE FORMALITY REVIEW | MT       | 523    | 12/43/01 |

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| ✓ Rejected                                     | N Non-elected  |
|--|----------------|
| = Allowed                                      | I Interference |
| <ul> <li>(Through numeral) Canceled</li> </ul> | A Appeai       |
| ÷ Restricted                                   | O Objected     |

| ÷ Hestricted 0   |      |   |      |                   |      |  |  |
|--|------|---|------|-------------------|------|--|--|
| Claim  | Date | Claim                                     | Date | Claim             | Date |  |  |
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If more than 150 claims or 10 actions staple additional sheet here